

**ELECTRIC SERVICE - EXISTING INSTALLATION APPLICATION**

ACCOUNT # \_\_\_\_\_

The undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric energy from Bayfield Electric Cooperative, (hereinafter called the "Cooperative"), upon the following terms and conditions:

The Applicant will pay to the cooperative the sum of \$5.00 which will constitute the Applicant's membership fee. The Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law, his private property cannot be attached from any such debts or liabilities.

The Applicant will purchase from the Cooperative all electric energy used on the premises for which this application is made and will pay therefore monthly at the rates to be determined from time to time in accordance with the Bylaws of the Cooperative; provided, however, that the Cooperative may limit the amount of electric energy to be furnished for industrial uses.

The Applicant will comply with and be bound by the provisions of the Articles of Incorporation and Bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative. The Applicant agrees to comply with and be bound by the Articles of Incorporation, Bylaws and Board policies of the Cooperative, as the same may from time to time be adopted or amended by the Cooperative.

The Cooperative is authorized to enter a subscription in my name to the Wisconsin R.E.C. News at a cost of not less than 20 cents per month nor more than 35 cents per month to be paid for me by the Cooperative out of monthly electric energy payments by me and other members of the Cooperative in the same manner as are other expenses of the Cooperative.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

Membership Fee \$5.00

\_\_\_\_\_  
Address

Service charge \$25.00

\_\_\_\_\_  
City State Zip

RETURN SIGNED FORMS & FEES BY

\_\_\_\_\_

\_\_\_\_\_  
Social Security #

MEMBER # \_\_\_\_\_

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Telephone #